

United States Bankruptcy Court for the:

District of New Jersey

Case number (*If known*): \_\_\_\_\_ Chapter 7 Check if this is an amended filing

## Official Form 201

## Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/24

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	Doli Systems, Inc.			
2. All other names debtor used in the last 8 years	Sivisoft			
Include any assumed names, trade names, and <i>doing business as</i> names				
3. Debtor's federal Employer Identification Number (EIN)	20-3864313			
4. Debtor's address	Principal place of business	Mailing address, if different from principal place of business		
2983 JFK Blvd Suite, 200		2978 JFK Blvd PO Box 160		
Number	Street	Number	Street	
Jersey City		NJ	07306	
City	State	ZIP Code		
Hudson County		P.O. Box	Jersey City	
County		NJ	07306	
		City	State	ZIP Code
5. Debtor's website (URL)				
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: _____			

Debtor	Doli Systems, Inc. Name _____		Case number (if known) _____
<b>7. Describe debtor's business</b>			
<p>A. Check one:</p> <p><input type="checkbox"/> Health Care Business (as defined in 11 U.S.C. § 101(27A))  <input type="checkbox"/> Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  <input type="checkbox"/> Railroad (as defined in 11 U.S.C. § 101(44))  <input type="checkbox"/> Stockbroker (as defined in 11 U.S.C. § 101(53A))  <input type="checkbox"/> Commodity Broker (as defined in 11 U.S.C. § 101(6))  <input type="checkbox"/> Clearing Bank (as defined in 11 U.S.C. § 781(3))  <input checked="" type="checkbox"/> None of the above</p>			
<p>B. Check all that apply:</p> <p><input type="checkbox"/> Tax-exempt entity (as described in 26 U.S.C. § 501)  <input type="checkbox"/> Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)  <input type="checkbox"/> Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))</p>			
<p>C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.  See <a href="http://www.naics.com/search/">http://www.naics.com/search/</a>.</p> <p style="text-align: center;"><u>541511</u></p>			
<p><b>8. Under which chapter of the Bankruptcy Code is the debtor filing?</b></p> <p>Check one:</p> <p><input checked="" type="checkbox"/> Chapter 7  <input type="checkbox"/> Chapter 9  <input type="checkbox"/> Chapter 11. Check all that apply:</p> <p><input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725 (amount subject to adjustment on 4/01/25 and every 3 years after that).  <input type="checkbox"/> The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  <input type="checkbox"/> The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and it chooses to proceed under Subchapter V of Chapter 11.  <input type="checkbox"/> A plan is being filed with this petition.  <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).  <input type="checkbox"/> The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the <i>Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11</i> (Official Form 201A) with this form.  <input type="checkbox"/> The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.</p> <p><input type="checkbox"/> Chapter 12</p>			
<p><b>9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. District _____ When _____ Case number _____  MM / DD / YYYY</p> <p>If more than 2 cases, attach a separate list.</p> <p>District _____ When _____ Case number _____  MM / DD / YYYY</p>			
<p><b>10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Debtor _____ Relationship _____  District _____ When _____  MM / DD / YYYY</p> <p>List all cases. If more than 1, attach a separate list.</p> <p>Case number, if known _____</p>			

Debtor Doli Systems, Inc.  
Name \_\_\_\_\_ Case number (if known) \_\_\_\_\_

**11. Why is the case filed in this district?** Check all that apply:

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention? (Check all that apply.)**

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
What is the hazard? \_\_\_\_\_

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other \_\_\_\_\_

**Where is the property?** \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Is the property insured?**

No

Yes. Insurance agency \_\_\_\_\_

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

### Statistical and administrative information

**13. Debtor's estimation of available funds** Check one:

Funds will be available for distribution to unsecured creditors.

After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

**14. Estimated number of creditors**

<input checked="" type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
<input type="checkbox"/> 50-99	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 50,001-100,000
<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000
<input type="checkbox"/> 200-999		

**15. Estimated assets**

<input type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input checked="" type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

Debtor	Doli Systems, Inc. Name		Case number (if known)
<b>16. Estimated liabilities</b>		<input type="checkbox"/> \$0-\$50,000 <input checked="" type="checkbox"/> \$1,000,001-\$10 million <input type="checkbox"/> \$500,000,001-\$1 billion <input type="checkbox"/> \$50,001-\$100,000 <input type="checkbox"/> \$10,000,001-\$50 million <input type="checkbox"/> \$1,000,000,001-\$10 billion <input type="checkbox"/> \$100,001-\$500,000 <input type="checkbox"/> \$50,000,001-\$100 million <input type="checkbox"/> \$10,000,000,001-\$50 billion <input type="checkbox"/> \$500,001-\$1 million <input type="checkbox"/> \$100,000,001-\$500 million <input type="checkbox"/> More than \$50 billion	

### Request for Relief, Declaration, and Signatures

**WARNING --** Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature of authorized representative of debtor** The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 10/18/2024  
MM / DD / YYYY

/s/ Balaji Modhagala

Signature of authorized representative of debtor

Balaji Modhagala

Printed name

Title Member

**18. Signature of attorney**

/s/ David Stevens

Signature of attorney for debtor

Date 10/18/2024

MM / DD / YYYY

David Stevens

Printed name

Scura Wigfield, Heyer, Stevens & Cammarota LLP

Firm name

1599 Hamburg Turnpike

Number Street

Wayne

City

973-696-8391

Contact phone

NJ

ZIP Code

dstevens@scura.com

Email address

034422007

Bar number

NJ

State

Fill in this information to identify the case:

Debtor name	Doli Systems, Inc.
United States Bankruptcy Court for the:	District of New Jersey
Case number (If known):	(State)

Check if this is an amended filing

## Official Form 206Sum

### Summary of Assets and Liabilities for Non-Individuals

12/15

#### Part 1: Summary of Assets

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B* .....

\$ 0.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B* .....

\$ 80,228.42

1c. **Total of all property:**

Copy line 92 from *Schedule A/B* .....

\$ 80,228.42

#### Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D* .....

\$ 1,765,338.39

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 6a of *Schedule E/F* .....

\$ 93,695.60

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 6b of *Schedule E/F* .....

+\$ 1,855,831.67

4. **Total liabilities** .....

Lines 2 + 3a + 3b

\$ 3,714,865.66

**Fill in this information to identify the case:**

Debtor name Doli Systems, Inc.

United States Bankruptcy Court for the: District of New Jersey

Case number (If known): \_\_\_\_\_

Check if this is an amended filing

**Official Form 206A/B**

**Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents**

**1. Does the debtor have any cash or cash equivalents?**

- No. Go to Part 2.  
 Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor	Current value of debtor's interest		
2. Cash on hand	\$ 0.00		
3. Checking, savings, money market, or financial brokerage accounts ( <i>Identify all</i> )			
Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. Chase Bank	Checking	3 1 1 8	\$ 81.27
3.2. See continuation sheet		_____	\$ 366.65
4. Other cash equivalents ( <i>Identify all</i> )			
4.1. _____	\$ _____		
4.2. _____	\$ _____		
5. Total of Part 1	\$ 447.92		
Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.			

**Part 2: Deposits and prepayments**

**6. Does the debtor have any deposits or prepayments?**

- No. Go to Part 3.  
 Yes. Fill in the information below.

**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

Description, including name of holder of deposit	Current value of debtor's interest
7.1. _____	\$ _____
7.2. _____	\$ _____

**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

8.1. _____	\$ _____
8.2. _____	\$ _____

**9. Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$ \_\_\_\_\_

**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?** No. Go to Part 4. Yes. Fill in the information below.**Current value of debtor's interest****11. Accounts receivable**

11a. 90 days old or less:	<u>77,945.50</u>	- <u>0.00</u>	= ..... →	\$ <u>77,945.50</u>
	face amount	doubtful or uncollectible accounts		
11b. Over 90 days old:	<u>0.00</u>	- <u>0.00</u>	= ..... →	\$ <u>0.00</u>
	face amount	doubtful or uncollectible accounts		

**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ 77,945.50**Part 4: Investments****13. Does the debtor own any investments?** No. Go to Part 5. Yes. Fill in the information below.**Valuation method used for current value****Current value of debtor's interest****14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. _____	_____	\$ _____
14.2. _____	_____	\$ _____

**15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity:

% of ownership:

15.1. SquareML Inc (owns 8.5 million shares)	_____ %	_____ \$ 900.00
15.2. _____	_____ %	_____ \$ _____

**16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

16.1. _____	_____	\$ _____
16.2. _____	_____	\$ _____

**17. Total of Part 4**\$ 900.00

Add lines 14 through 16. Copy the total to line 83.

**Part 5: Inventory, excluding agriculture assets****18. Does the debtor own any inventory (excluding agriculture assets)?** No. Go to Part 6. Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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**19. Raw materials**

\_\_\_\_\_ MM / DD / YYYY \$ \_\_\_\_\_ \$ \_\_\_\_\_

**20. Work in progress**

\_\_\_\_\_ MM / DD / YYYY \$ \_\_\_\_\_ \$ \_\_\_\_\_

**21. Finished goods, including goods held for resale**

\_\_\_\_\_ MM / DD / YYYY \$ \_\_\_\_\_ \$ \_\_\_\_\_

**22. Other inventory or supplies**

\_\_\_\_\_ MM / DD / YYYY \$ \_\_\_\_\_ \$ \_\_\_\_\_

**23. Total of Part 5**

Add lines 19 through 22. Copy the total to line 84.

\$ \_\_\_\_\_

**24. Is any of the property listed in Part 5 perishable?**

- No  
 Yes

**25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- No  
 Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \_\_\_\_\_

**26. Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- No  
 Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)****27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?** No. Go to Part 7. Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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**28. Crops—either planted or harvested**

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**29. Farm animals** Examples: Livestock, poultry, farm-raised fish

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**30. Farm machinery and equipment** (Other than titled motor vehicles)

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**31. Farm and fishing supplies, chemicals, and feed**

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**32. Other farming and fishing-related property not already listed in Part 6**

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**33. Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

\$ \_\_\_\_\_

**34. Is the debtor a member of an agricultural cooperative?** No Yes. Is any of the debtor's property stored at the cooperative? No Yes**35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?** No Yes. Book value \$ \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \$ \_\_\_\_\_**36. Is a depreciation schedule available for any of the property listed in Part 6?** No Yes**37. Has any of the property listed in Part 6 been appraised by a professional within the last year?** No Yes**Part 7: Office furniture, fixtures, and equipment; and collectibles****38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?** No. Go to Part 8. Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. <b>Office furniture</b> See continuation sheet	\$ 0.00		\$ 610.00
40. <b>Office fixtures</b>	\$ _____		\$ _____
41. <b>Office equipment, including all computer equipment and communication systems equipment and software</b>	\$ _____		\$ _____
5 Big chairs	\$ _____		\$ 125.00
42. <b>Collectibles</b> Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1 _____	\$ _____		\$ _____
42.2 _____	\$ _____		\$ _____
42.3 _____	\$ _____		\$ _____
<b>43. Total of Part 7.</b>			\$ 735.00
Add lines 39 through 42. Copy the total to line 86.			

**44. Is a depreciation schedule available for any of the property listed in Part 7?** No Yes**45. Has any of the property listed in Part 7 been appraised by a professional within the last year?** No Yes

**Part 8: Machinery, equipment, and vehicles****46. Does the debtor own or lease any machinery, equipment, or vehicles?** No. Go to Part 9. Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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**47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

47.1 2024 Audi Q5 (Lease vehicle)	\$ _____	_____	\$ 0.00
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____

**48. Watercraft, trailers, motors, and related accessories** Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____

**49. Aircraft and accessories**

49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____

**50. Other machinery, fixtures, and equipment  
(excluding farm machinery and equipment)**

\$ \_\_\_\_\_

\$ 0.00

**51. Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

**52. Is a depreciation schedule available for any of the property listed in Part 8?**

- No  
 Yes

**53. Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- No  
 Yes

**Part 9: Real property****54. Does the debtor own or lease any real property?** No. Go to Part 10. Yes. Fill in the information below.**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1		\$ _____	_____	\$ _____
55.2		\$ _____	_____	\$ _____
55.3		\$ _____	_____	\$ _____

**56. Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ \_\_\_\_\_

**57. Is a depreciation schedule available for any of the property listed in Part 9?**

- No  
 Yes

**58. Has any of the property listed in Part 9 been appraised by a professional within the last year?**

- No  
 Yes

**Part 10: Intangibles and intellectual property****59. Does the debtor have any interests in intangibles or intellectual property?**

- No. Go to Part 11.  
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets	\$ _____	_____	\$ _____
61. Internet domain names and websites See continuation sheet	0.00 \$ _____	_____	200.00 \$ _____
62. Licenses, franchises, and royalties	\$ _____	_____	\$ _____
63. Customer lists, mailing lists, or other compilations	\$ _____	_____	\$ _____
64. Other intangibles, or intellectual property	\$ _____	_____	\$ _____
65. Goodwill	\$ _____	_____	\$ _____

**66. Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$ 200.00  
\$ \_\_\_\_\_

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- No  
 Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- No  
 Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- No  
 Yes

#### Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- No. Go to Part 12.  
 Yes. Fill in the information below.

Current value of  
debtor's interest

71. Notes receivable

Description (include name of obligor)

See continuation sheet

1,527,130.63	—	1,527,130.63	= ➔	\$ 0.00
Total face amount		doubtful or uncollectible amount		

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

	Tax year	\$
_____	_____	_____
_____	_____	_____
_____	_____	_____

73. Interests in insurance policies or annuities

\_\_\_\_\_ \$ \_\_\_\_\_

74. Causes of action against third parties (whether or not a lawsuit has been filed)

\_\_\_\_\_ \$ \_\_\_\_\_

Nature of claim \_\_\_\_\_

Amount requested \$ \_\_\_\_\_

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

\_\_\_\_\_ \$ \_\_\_\_\_

Nature of claim \_\_\_\_\_

Amount requested \$ \_\_\_\_\_

76. Trusts, equitable or future interests in property

\_\_\_\_\_ \$ \_\_\_\_\_

77. Other property of any kind not already listed Examples: Season tickets, country club membership

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ 0.00

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- No  
 Yes

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	\$ 447.92	
81. Deposits and prepayments. Copy line 9, Part 2.	\$ 0.00	
82. Accounts receivable. Copy line 12, Part 3.	\$ 77,945.50	
83. Investments. Copy line 17, Part 4.	\$ 900.00	
84. Inventory. Copy line 23, Part 5.	\$ 0.00	
85. Farming and fishing-related assets. Copy line 33, Part 6.	\$ 0.00	
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	\$ 735.00	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$ 0.00	
88. Real property. Copy line 56, Part 9. . . . . →		\$ 0.00
89. Intangibles and intellectual property. Copy line 66, Part 10.	\$ 200.00	
90. All other assets. Copy line 78, Part 11.	+ \$ 0.00	
91. Total. Add lines 80 through 90 for each column. 91a.	\$ 80,228.42	+ 91b. \$ 0.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.	80,228.42	\$ 80,228.42

Debtor 1

Doli Systems, Inc.

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

**Continuation Sheet for Official Form 206 A/B****3) Checking, savings, money market, or financial brokerage accounts**

General description	Type of account	Last 4 digits of account number
Chase Bank	Checking	0839
<b>Balance:</b> 0.00		
M&T Bank	Checking	2366
<b>Balance:</b> 0.00		
Blue Foundry Bank	Checking	
<b>Balance:</b> 300.00		
Chase Bank	Checking	3860
<b>Balance:</b> 66.65		

**39) Office furniture**

General description	Net book value	Valuation method	Current value
12 Small chairs			180.00
10 Tables			150.00
2 Televion			100.00
3 Side tables			30.00
1 Microwave			20.00
2 Printers			40.00
3 Laptop			90.00

**61) Internet domain names and websites**

General description	Net book value	Valuation method	Current value
www.dolisystems.com			100.00
www.sivisoft.com			100.00

**71) Notes receivable**

General description	Total face amount	Doubtful or uncollectible amount	Current value
Wetstone Labs Inc (Uncollectable)	288,035.00	288,035.00	0.00

Debtor 1

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

**Continuation Sheet for Official Form 206 A/B**

SquareML Inc (Uncollectable)	1,239,095.63	1,239,095.63	0.00
---------------------------------	--------------	--------------	------

**Fill in this information to identify the case:**

Debtor name Doli Systems, Inc.

United States Bankruptcy Court for the: District of New Jersey

Case number (If known): \_\_\_\_\_

 Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property**

12/15

**Be as complete and accurate as possible.****1. Do any creditors have claims secured by debtor's property?**

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims****2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.**2.1 Creditor's name**

Five Star Bank

**Describe debtor's property that is subject to a lien**

Accounts Receivable,  
[www.dolisystems.com](http://www.dolisystems.com), [www.sivisoft.com](http://www.sivisoft.com), 5  
 Big chairs, Wetstone Labs Inc  
 (Uncollectable), SquareML Inc  
 (Uncollectable), 12 Small chairs, 10 Tables,  
 3 Side tables, 2 Televison, 1 Microwave, 2

**Column A**  
**Amount of claim**  
 Do not deduct the value  
 of collateral.

**Column B**  
**Value of collateral  
 that supports this  
 claim**

\$ 274,933.49

\$ 79,328.42

**Creditor's mailing address**

Small Business Administration Department  
 3100 Zinfandel Drive #100, Rancho Cordov

**Describe the lien****Creditor's email address, if known****Is the creditor an insider or related party?**

- No
- Yes

**Is anyone else liable on this claim?**

- No
- Yes. Fill out Schedule H: Codebtors (Official Form 206H).

**As of the petition filing date, the claim is:**

Check all that apply.

- Contingent
- Unliquidated
- Disputed

**2.2 Creditor's name**

M&amp;T Bank

**Describe debtor's property that is subject to a lien**

\$ 315,828.48

\$ 79,328.42

**Creditor's mailing address**

475 Crosspoint Parkway  
 Getzville, NY 14068

Accounts Receivable,  
[www.dolisystems.com](http://www.dolisystems.com), [www.sivisoft.com](http://www.sivisoft.com), 5  
 Big chairs, Wetstone Labs Inc  
 (Uncollectable), SquareML Inc  
 (Uncollectable), 12 Small chairs, 10 Tables,  
 3 Side tables, 2 Televison, 1 Microwave, 2  
 Printers, 3 Laptop

**Creditor's email address, if known****Describe the lien****Date debt was incurred****Last 4 digits of account number**

7742

**Is the creditor an insider or related party?**

- No
- Yes

**Is anyone else liable on this claim?**

- No
- Yes. Fill out Schedule H: Codebtors (Official Form 206H).

**As of the petition filing date, the claim is:**

Check all that apply.

- Contingent
- Unliquidated
- Disputed

**3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.**

\$ 1,765,338.39

**Part 1: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

**Column A**  
**Amount of claim**  
Do not deduct the value of collateral.

**Column B**  
**Value of collateral that supports this claim**

**2.3 Creditor's name**  
Paul Miller, Inc.

Describe debtor's property that is subject to a lien

2024 Audi Q5 (Lease vehicle)

\$30,966.00 \$0.00

Creditor's mailing address

179 Route 46  
Parsippany, NJ 07054

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- No  
 Yes. Have you already specified the relative priority?  
 No. Specify each creditor, including this creditor, and its relative priority.

Describe the lien

Lease Agreement

Is the creditor an insider or related party?

- No  
 Yes

Is anyone else liable on this claim?

- No  
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

**2.4 Creditor's name**  
U.S. Small Business Administration

Describe debtor's property that is subject to a lien

Accounts Receivable,  
www.dolisystems.com, www.sivisoft.com, 5 Big chairs, Wetstone Labs Inc (Uncollectable), SquareML Inc (Uncollectable), 12 Small chairs, 10 Tables, 3 Side tables, 2 Television, 1 Microwave, 2 Printers, 3 Laptop

\$1,143,610.42 \$79,328.42

Creditor's mailing address

409 3rd Street, SW  
Washington, DC 20416

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- No  
 Yes. Have you already specified the relative priority?  
 No. Specify each creditor, including this creditor, and its relative priority.

Describe the lien

Is the creditor an insider or related party?

- No  
 Yes

Is anyone else liable on this claim?

- No  
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

**Debtor**

**Doli Systems, Inc.**

---

**Case number (if known)** \_\_\_\_\_

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

## Fill in this information to identify the case:

Debtor	Doli Systems, Inc.
United States Bankruptcy Court for the:	District of New Jersey
Case number (If known)	

Check if this is an amended filing

## Official Form 206E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

## 1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- No. Go to Part 2.  
 Yes. Go to line 2.

## 2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	Priority amount
<b>2.1 Priority creditor's name and mailing address</b> Internal Revenue PO Box 7346 Philadelphia, PA 19114	As of the petition filing date, the claim is: \$ 72,252.98 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
Date or dates debt was incurred 2024 Payroll taxes	Basis for the claim: Taxes & Other Government Units	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)		
<b>2.2 Priority creditor's name and mailing address</b> Paychecks of NY LLC 6870 Shadow Ridge Drive, Suite 101 Orlando, FL 32812	As of the petition filing date, the claim is: \$ 16,319.67 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
Date or dates debt was incurred	Basis for the claim: Contributions to employee benefits	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(5)		
<b>2.3 Priority creditor's name and mailing address</b> State of California Department of Revenue Attn: Bankruptcy Department 3321 Power Inn Road, Suite 220 Sacramento, CA 95826	As of the petition filing date, the claim is: \$ 596.20 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
Date or dates debt was incurred 2024 Payroll taxes	Basis for the claim: Taxes & Other Government Units	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)		

**Part 1. Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.		Total claim	Priority amount
<b>2.<sup>4</sup> Priority creditor's name and mailing address</b>		\$ 2,500.00	\$ _____
State of New Jersey, Division of Taxation Compliance and Enforcement - Bankruptcy Unit 3 John Fitch Way, 5th Floor, Po box 245 Trenton, NJ 08695	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Date or dates debt was incurred 2024 Payroll taxes	<b>Basis for the claim:</b> Taxes & Other Government Units		
Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			
<b>2.<sup>5</sup> Priority creditor's name and mailing address</b>		\$ 786.75	\$ _____
State of North Carolina North Carolina Department of Revenue Attn: Bankruptcy Department P.O. Box 1168 Raleigh, NC 27602	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Date or dates debt was incurred 2024 Payroll taxes	<b>Basis for the claim:</b> Taxes & Other Government Units		
Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			
<b>2.<sup>6</sup> Priority creditor's name and mailing address</b>		\$ 1,240.00	\$ _____
State of West Virginia Department of Revenue Attn: Bankruptcy Unit 1001 Lee Street East Charleston, WV 25301	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Date or dates debt was incurred 2024 Payroll taxes	<b>Basis for the claim:</b> Taxes & Other Government Units		
Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			
<b>2. Priority creditor's name and mailing address</b>			
	<b>As of the petition filing date, the claim is:</b> \$ _____		\$ _____
	<i>Check all that apply.</i>		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Date or dates debt was incurred	<b>Basis for the claim:</b>		
Last 4 digits of account number	<b>Is the claim subject to offset?</b>		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)	<input type="checkbox"/> No <input type="checkbox"/> Yes		

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

	Amount of claim	
<b>3.1 Nonpriority creditor's name and mailing address</b> American Express PO Box 981535 El Paso, TX 79998	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> Credit Card Debt  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 46,389.77
<b>3.2 Nonpriority creditor's name and mailing address</b> Amit Kumar Thakurbhai Patel 1 Lowry Ct, Apt. A Clifton, NJ 07012	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> Employee  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 0.00
<b>3.3 Nonpriority creditor's name and mailing address</b> Balaji Modhagala 16 Geraldine Road North Arlington, NJ 07031	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> Monies Loaned / Advanced  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 1,335,600.00
<b>3.4 Nonpriority creditor's name and mailing address</b> Chase Card Services P.O. Box 15369 Wilmington, DE 19850	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> Credit Card Debt  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 52,224.00
<b>3.5 Nonpriority creditor's name and mailing address</b> Dice Invoice 5745 Raccoon River Drive, Suite 200 West Des Moines, IA 50266	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> Credit Card Debt  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 1,353.77
<b>3.6 Nonpriority creditor's name and mailing address</b> Funding Circle 747 Front Street, Floor 4 San Francisco, CA 94111	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> Monies Loaned / Advanced  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 73,837.68

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>7</sup>	Nonpriority creditor's name and mailing address  IOU Financial 600 Townpark Lane, Suite 100 Kennesaw, GA 30144	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 53,202.10
		Basis for the claim: Monies Loaned / Advanced	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>8</sup>	Nonpriority creditor's name and mailing address  JPMorgan Chase Bank, N.A. P.O. Box 1423 Charlotte, NC 28201	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 3,925.99
		Basis for the claim: Overdraft Account	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>9</sup>	Nonpriority creditor's name and mailing address  Kapitus, LLC 2500 Wilson Boulevard Suite 350, Arlington, VA 22201	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 62,778.13
		Basis for the claim: Monies Loaned / Advanced	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>10</sup>	Nonpriority creditor's name and mailing address  Keyur 1214 Plymouth Rd, North Brunswick, NJ 08902	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 2,708.00
		Basis for the claim: Employee	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>11</sup>	Nonpriority creditor's name and mailing address  LG Funding LLC 1218 Union Street Brooklyn, NY 11225	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 136,625.00
		Basis for the claim: Monies Loaned / Advanced	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>12</sup> Nonpriority creditor's name and mailing address  Life Time Funding 20200 W Dixie HWY #1205 Miami, FL 33180	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Basis for the claim:</b>		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Date or dates debt was incurred _____  Last 4 digits of account number _____		
3. <sup>13</sup> Nonpriority creditor's name and mailing address  M&T Bank PO Box 840 Wilmington, DE 19899	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 9,492.23
<b>Basis for the claim:</b> Credit Card Debt		
Date or dates debt was incurred _____  Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>14</sup> Nonpriority creditor's name and mailing address  Overton Funding, LLC 2802 N 29th Avenue Hollywood, FL 33020	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 59,600.00
<b>Basis for the claim:</b> Monies Loaned / Advanced		
Date or dates debt was incurred _____  Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>15</sup> Nonpriority creditor's name and mailing address  Payal 910 S Dale Ave, APT#20 Anaheim, CA 92804	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 5,435.00
<b>Basis for the claim:</b> Employee		
Date or dates debt was incurred _____  Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>16</sup> Nonpriority creditor's name and mailing address  Sapna 56Q Reading Road Edison, NJ 08817	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 12,660.00
<b>Basis for the claim:</b> Employee		
Date or dates debt was incurred _____  Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>17</sup>	Nonpriority creditor's name and mailing address  State Financial 1800 Route 34, Suite 102 Belmar, NJ 07719	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ Unknown
		Basis for the claim: Potential claim	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Date or dates debt was incurred _____ Last 4 digits of account number _____		
3. <sup>18</sup>	Nonpriority creditor's name and mailing address  Suketu Kumar Patel 6761 A, Village Drive South North Brunswick, NJ 08902	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ Unknown
		Basis for the claim: Employee	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
		Basis for the claim:	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
		Basis for the claim:	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
		Basis for the claim:	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	<b>Name and mailing address</b>	<b>On which line in Part 1 or Part 2 is the related creditor (if any) listed?</b>	<b>Last 4 digits of account number, if any</b>
4.1.	IRS c/o Attorney General US Department of Justice Ben Franklin Station Attn: Bankruptcy Department P.O. Box 683 Washington, DC 20044	Line <u>2.1</u> <input type="checkbox"/> Not listed. Explain: _____	
4.2.	IRS c/o United States Attorney's Office Attn: Eamonn O Hagan, Esq. 970 Broad Street, Suite 700 Newark, NJ 07102	Line <u>2.1</u> <input type="checkbox"/> Not listed. Explain: _____	
4.3.	Lieberman and Klestzick, LLP 1855 Griffin Road DCOTA #A-350 Dania, FL, 33004	Line <u>3.14</u> <input type="checkbox"/> Not listed. Explain: _____	
4.4.	Overton Funding, LLC 633 167th Street, Suite 804N Miami, FL, 33162	Line <u>3.14</u> <input type="checkbox"/> Not listed. Explain: _____	
4.1.	State of California Department of Revenue c/o Office of the Attorney General P.O. Box 944255 Sacramento, CA 94244	Line <u>2.3</u> <input type="checkbox"/> Not listed. Explain: _____	
4.5.	State of New Jersey, Division of Taxation c/o New Jersey Attorney General Office Attn: Bankruptcy Unit 25 Market Street, PO Box 112 Trenton, NJ 08625	Line <u>2.4</u> <input type="checkbox"/> Not listed. Explain: _____	
4.6.	State of North Carolina North Carolina Department of Revenue c/o Attorney General's Office Attention: Bankruptcy Unit PO Box 1168 Raleigh, NC 27611	Line <u>2.5</u> <input type="checkbox"/> Not listed. Explain: _____	
4.7.	State of West Virginia Department of Revenue c/o Attorney General's Office State Capitol Complex, Bldg. 1, Rm E-26 1900 Kanawha Blvd. E Charleston, WV 25305	Line <u>2.6</u> <input type="checkbox"/> Not listed. Explain: _____	
4.8.	Triton Recovery LLC 19790 W Dixie Hwy, Suite 301 Miami, FL, 33180	Line <u>3.7</u> <input type="checkbox"/> Not listed. Explain: _____	
4.9.		Line _____ <input type="checkbox"/> Not listed. Explain: _____	
4.10.		Line _____ <input type="checkbox"/> Not listed. Explain: _____	
4.11.		Line _____ <input type="checkbox"/> Not listed. Explain: _____	

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims****5. Add the amounts of priority and nonpriority unsecured claims.**

		<b>Total of claim amounts</b>
5a.	<b>Total claims from Part 1</b>	5a. \$ <u>93,695.60</u>
5b.	<b>Total claims from Part 2</b>	5b. + \$ <u>1,855,831.67</u>
5c.	<b>Total of Parts 1 and 2</b> Lines 5a + 5b = 5c.	5c. \$ <u>1,949,527.27</u>

Fill in this information to identify the case:

Debtor name Doli Systems, Inc.  
United States Bankruptcy Court for the: District of New Jersey  
Case number (If known): \_\_\_\_\_ Chapter 7

Check if this is an amended filing

Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

	State what the contract or lease is for and the nature of the debtor's interest	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.1	2024 Audi Q5  State what the contract or lease is for and the nature of the debtor's interest  State the term remaining  List the contract number of any government contract	Paul Miller Inc 179 Route 46 Parsippany, NJ, 07054
2.2	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining  List the contract number of any government contract	
2.3	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining  List the contract number of any government contract	
2.4	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining  List the contract number of any government contract	
2.5	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining  List the contract number of any government contract	

## Fill in this information to identify the case:

Debtor name Doli Systems, Inc.United States Bankruptcy Court for the: District of New Jersey

Case number (if known): \_\_\_\_\_

 Check if this is an amended filing

## Official Form 206H

## Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

## 1. Does the debtor have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.  
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, *Schedules D-G*. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	Check all schedules that apply:
Name	Mailing address	Name	
2.1 Balaji Modhagala	16 Geraldine Road North Arlington, NJ 07031	U.S. Small Business Adm	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2 Belaji Modhagala	16 Geraldine Road North North Arlington, NJ 07031	Kapitus, LLC	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.3 Belaji Modhagala	16 Geraldine Road North Arlington, NJ 07031	Five Star Bank	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 Balaji Modhagala	16 Geraldine Road North North Arlington, NJ 07031	Funding Circle	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.5 Balaji Modhagala	16 Geraldine Road North North Arlington, NJ 07031	Overton Funding, LLC	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.6 Balaju Modhagala	16 Geraldine Road North Jersey City, NJ 07301	M&T Bank	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor

Doli Systems, Inc.

Document Page 29 of 52

Case number (if known) \_\_\_\_\_

**Additional Page if Debtor Has More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.7_ Balaji Modhagala	16 Geraldine Road North Arlington, NJ 07031	Paul Miller Inc	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.____			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

**Fill in this information to identify the case:**

Debtor name	Doli Systems, Inc.
United States Bankruptcy Court for the:	District of New Jersey
Case number (If known):	_____

Check if this is an amended filing

**Official Form 207**

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income**

**1. Gross revenue from business**

None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year			Sources of revenue Check all that apply	Gross revenue (before deductions and exclusions)
<b>From the beginning of the fiscal year to filing date:</b>	From <u>01/01/2024</u> <u>MM / DD / YYYY</u>	to	Filing date	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other \$ <u>782,890.75</u>
<b>For prior year:</b>	From <u>01/01/2023</u> <u>MM / DD / YYYY</u>	to	<u>12/31/2023</u> <u>MM / DD / YYYY</u>	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other \$ <u>3,369,491.00</u>
<b>For the year before that:</b>	From <u>01/01/2022</u> <u>MM / DD / YYYY</u>	to	<u>12/31/2022</u> <u>MM / DD / YYYY</u>	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other \$ <u>3,758,025.00</u>

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None

			Description of sources of revenue	Gross revenue from each source (before deductions and exclusions)
<b>From the beginning of the fiscal year to filing date:</b>	From <u>MM / DD / YYYY</u>	to	Filing date	\$ _____
<b>For prior year:</b>	From <u>MM / DD / YYYY</u>	to	<u>MM / DD / YYYY</u>	\$ _____
<b>For the year before that:</b>	From <u>MM / DD / YYYY</u>	to	<u>MM / DD / YYYY</u>	\$ _____

Debtor Doli Systems, Inc.  
Name \_\_\_\_\_ Case number (if known) \_\_\_\_\_

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/23 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. IOU Financial Creditor's name 600 Townpark Lane, Suite 100 Kennesaw, GA 30144		\$ 9,220.35	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Monies Loaned / Advanced</u>
3.2. Life Time Funding Creditor's name 20200 W Dixie HWY #1205 Miami, FL 33180		\$ 22,500.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other _____

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. Belaji Modhagal Insider's name 16 Geraldine Road North North Arlington, NJ 07031	01/01/2024	\$ 399,563.33	IRS Payroll taxes

**Relationship to debtor**

Member \_\_\_\_\_

4.2. Belaji Modhagal Insider's name 16 Geraldine Road North North Arlington, NJ 07031	01/01/2024	\$ 42,166.31	Salary
--	------------	--------------	--------

**Relationship to debtor**

Member \_\_\_\_\_

Debtor Doli Systems, Inc.  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

Creditor's name and address	Description of the property	Date	Value of property
5.1. _____ Creditor's name _____	_____	_____	\$ _____

5.2. \_\_\_\_\_

Creditor's name \_\_\_\_\_ \$ \_\_\_\_\_

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
5.3. _____ Creditor's name _____	_____	_____	\$ _____

Last 4 digits of account number: XXXX- \_\_\_\_\_

**Part 3: Legal Actions or Assignments**

**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None

Case title	Nature of case	Court or agency's name and address	Status of case
7.1. Overton Funding, LLC v. Doli Systems, Inc.	_____	Superior Court of Florida, Broward County	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
CACE-24-013914	_____	201 SE 6th Street Fort Lauderdale, FL 33301	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

7.2. \_\_\_\_\_

Case title	Court or agency's name and address	Pending
Case number _____	_____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor Doli Systems, Inc. \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
Name \_\_\_\_\_

#### 8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

Custodian's name and address	Description of the property	Value
_____	_____	\$ _____
Custodian's name	Case title	Court name and address
_____	_____	
Case number	Name	
_____	_____	
Date of order or assignment	_____	
_____	_____	

#### Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. Recipient's name	_____	_____	\$ _____
	_____	_____	\$ _____
Recipient's relationship to debtor			_____
9.2. Recipient's name	_____		\$ _____
	_____		\$ _____
Recipient's relationship to debtor			_____

#### Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</small>	Date of loss	Value of property lost <small>List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Debtor Doli Systems, Inc. \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
Name \_\_\_\_\_

**Part 6: Certain Payments or Transfers**

**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

None

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Scura, Wigfield, Heyer, Stevens & Cammarota  Address  1599 Hamburg turnpike Wayne, NJ 07470	Legal fees plus filing fee.	10/2024	\$ 5,000.00

Email or website address  
\_\_\_\_\_  
\_\_\_\_\_

Who made the payment, if not debtor?  
\_\_\_\_\_  
\_\_\_\_\_

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.2.	_____	_____	_____	\$ _____

Email or website address  
\_\_\_\_\_  
\_\_\_\_\_

Who made the payment, if not debtor?  
\_\_\_\_\_  
\_\_\_\_\_

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
Trustee _____ _____	_____	_____	\$ _____

Debtor Doli Systems, Inc.  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

**13. Transfers not already listed on this statement**

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
------------------------	--	------------------------	-----------------------

13.1. \_\_\_\_\_ \$ \_\_\_\_\_

Address \_\_\_\_\_

Relationship to debtor \_\_\_\_\_

Who received transfer? \_\_\_\_\_ \$ \_\_\_\_\_

13.2. \_\_\_\_\_ \$ \_\_\_\_\_

Address \_\_\_\_\_

Relationship to debtor \_\_\_\_\_

**Part 7: Previous Locations**

**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

Address	Dates of occupancy
---------	--------------------

14.1. From \_\_\_\_\_ To \_\_\_\_\_

14.2. From \_\_\_\_\_ To \_\_\_\_\_

Debtor Doli Systems, Inc.  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

## Part 8: Health Care Bankruptcies

### 15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- No. Go to Part 9.  
 Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

15.1. Facility name \_\_\_\_\_

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

- Electronically
- Paper

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

15.2. Facility name \_\_\_\_\_

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

- Electronically
- Paper

## Part 9: Personally Identifiable Information

### 16. Does the debtor collect and retain personally identifiable information of customers?

- No.

Yes. State the nature of the information collected and retained. \_\_\_\_\_

Does the debtor have a privacy policy about that information?

- No
- Yes

### 17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- No. Go to Part 10.

Yes. Does the debtor serve as plan administrator?

- No. Go to Part 10.
- Yes. Fill in below:

Name of plan \_\_\_\_\_

Employer identification number of the plan \_\_\_\_\_

EIN: \_\_\_\_\_

Has the plan been terminated?

- No
- Yes

Debtor Doli Systems, Inc. \_\_\_\_\_ Case number (if known) \_\_\_\_\_

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1. _____ Name	XXXX-_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other_____	_____	\$ _____
18.2. _____ Name	XXXX-_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other_____	_____	\$ _____

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
_____ Name	_____	Address	<input type="checkbox"/> No <input type="checkbox"/> Yes

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
_____ Name	_____	Address	<input type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Doli Systems, Inc. \_\_\_\_\_ Case number (if known) \_\_\_\_\_

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**

**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

Owner's name and address	Location of the property	Description of the property	Value
Name _____			\$ _____

**Part 12: Details About Environmental Information**

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

**Report all notices, releases, and proceedings known, regardless of when they occurred.**

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

No

Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
Case number _____	Name _____		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

No

Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____	Name _____		_____

Debtor Doli Systems, Inc.  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- No  
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____	Name _____		

**Part 13: Details About the Debtor's Business or Connections to Any Business**

**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- None

Business name and address		Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1.	SquareML Inc Name _____	Software Company. Developed Healthcare Software.	EIN: 87-4071498 Dates business existed _____
			From 06/28/2021 To _____
Business name and address		Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.2.	Name _____		EIN: _____ Dates business existed _____
			From _____ To _____
Business name and address		Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.3.	Name _____		EIN: _____ Dates business existed _____
			From _____ To _____

Debtor Doli Systems, Inc. \_\_\_\_\_ Case number (if known) \_\_\_\_\_

**26. Books, records, and financial statements**

- 26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

Name and address	Dates of service
26a.1. D Sharma CPA LLC Name 51 John F Kennedy Parkway 1st Floor, West Short Hills, NJ 07078	From 01/01/2021 To 10/01/2024

Name and address	Dates of service
26a.2. _____ Name _____	From _____ To _____

- 26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

None

Name and address	Dates of service
26b.1. _____ Name _____	From _____ To _____

Name and address	Dates of service
26b.2. _____ Name _____	From _____ To _____

- 26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

None

Name and address	If any books of account and records are unavailable, explain why
26c.1. Belaji Modhagala Name 16 Geraldine Road, North Arlington, NJ 07031	

Debtor Doli Systems, Inc. \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
Name \_\_\_\_\_

**Name and address**

If any books of account and records are  
unavailable, explain why

26c.2.

Name \_\_\_\_\_

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

None

**Name and address**

26d.1.

Name \_\_\_\_\_

**Name and address**

26d.2.

Name \_\_\_\_\_

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

No

Yes. Give the details about the two most recent inventories.

**Name of the person who supervised the taking of the inventory**

**Date of  
inventory**

**The dollar amount and basis (cost, market, or  
other basis) of each inventory**

\_\_\_\_\_

\$ \_\_\_\_\_

**Name and address of the person who has possession of inventory records**

27.1.

Name \_\_\_\_\_

Debtor Doli Systems, Inc. \_\_\_\_\_ Case number (if known) \_\_\_\_\_

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
---	-------------------	--

Name and address of the person who has possession of inventory records
--

27.2.

Name
------

**28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.**

Name	Address	Position and nature of any interest	% of interest, if any
Belaji Modhagala	16 Geraldine Road, North Arlington, NJ 07031	Member	100

**29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?**

No

Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
			To _____

**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

No

Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1. _____ Name _____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Relationship to debtor	_____	_____	_____

Debtor Doli Systems, Inc. \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
Name \_\_\_\_\_

Name and address of recipient

30.2

Name \_\_\_\_\_

Relationship to debtor

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- No  
 Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

EIN: \_\_\_\_\_

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- No  
 Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

EIN: \_\_\_\_\_

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 10/18/2024  
MM / DD / YYYY

 /s/ Balaji Modhagala

Printed name Balaji Modhagala

Signature of individual signing on behalf of the debtor

Position or relationship to debtor Member

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- No  
 Yes

Debtor Name

Doli Systems, Inc.

Case number (*if known*) \_\_\_\_\_**Continuation Sheet for Official Form 207****17) Pension Contributions**

Paycheck of NY, LLC - 16007531  
401K

Fill in this information to identify the case and this filing:

Debtor Name Doli Systems, Inc.

United States Bankruptcy Court for the: District of New Jersey

Case number (*If known*): \_\_\_\_\_

## Official Form 202

### Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

#### Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets–Real and Personal Property (Official Form 206A/B)*
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)*
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)*
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)*
- Schedule H: Codebtors (Official Form 206H)*
- Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)*
- Amended Schedule \_\_\_\_\_*
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)*
- Other document that requires a declaration\_\_\_\_\_*

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 10/18/2024  
MM / DD / YYYY

 /s/ Balaji Modhagala

Signature of individual signing on behalf of debtor

Balaji Modhagala

Printed name

Member

Position or relationship to debtor

United States Bankruptcy Court  
District of New Jersey

In re: Doli Systems, Inc.

Case No.

Chapter 7

Debtor(s)

**Verification of Creditor Matrix**

The above-named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: 10/18/2024

/s/ Balaji Modhagala

Signature of Individual signing on behalf of debtor

Member

Position or relationship to debtor

American Express  
PO Box 981535  
El Paso, TX 79998

IOU Financial  
600 Townpark Lane, Suite 100  
Kennesaw, GA 30144

Amit Kumar Thakurbhai Patel  
1 Lowry Ct, Apt. A  
Clifton, NJ 07012

IRS c/o Attorney General US Department of Ju  
Ben Franklin Station Attn: Bankruptcy De  
P.O. Box 683  
Washington, DC 20044

Balaji Modhagala  
16 Geraldine Road  
North Arlington, NJ 07031

IRS c/o United States Attorney's Office  
Attn: Eamonn O Hagan, Esq.  
970 Broad Street, Suite 700  
Newark, NJ 07102

Balaji Modhagala  
16 Geraldine Road North  
North Arlington, NJ 07031

JPMorgan Chase Bank, N.A.  
P.O. Box 1423  
Charlotte, NC 28201

Balaju Modhagala  
16 Geraldine Road North  
Jersey City, NJ 07301

Kapitus, LLC  
2500 Wilson Boulevard Suite 350,  
Arlington, VA 22201

Belaji Modhagala  
16 Geraldine Road North  
North Arlington, NJ 07031

Keyur  
1214 Plymouth Rd,  
North Brunswick, NJ 08902

Belaji Modhagala  
16 Geraldine Road  
North Arlington, NJ 07031

LG Funding LLC  
1218 Union Street  
Brooklyn, NY 11225

Chase Card Services  
P.O. Box 15369  
Wilmington, DE 19850

Lieberman and Klestzick, LLP  
1855 Griffin Road DCOTA #A-350  
Dania, FL 33004

Dice Invoice  
5745 Raccoon River Drive, Suite 200  
West Des Moines, IA 50266

Life Time Funding  
20200 W Dixie HWY #1205  
Miami, FL 33180

Five Star Bank  
Small Business Administration Department  
3100 Zinfandel Drive #100  
Rancho Cordova, CA 95670

M&T Bank  
PO Box 840  
Wilmington, DE 19899

Funding Circle  
747 Front Street, Floor 4  
San Francisco, CA 94111

M&T Bank  
475 Crosspoint Parkway  
Getzville, NY 14068

Internal Revenue  
PO Box 7346  
Philadelphia, PA 19114

McCarter & English, LLP  
Attn: Clement J. Farley, Esq.  
Four Gateway Center 100 Mulberry Street  
Newark, NJ 07102

Overton Funding, LLC  
2802 N 29th Avenue  
Hollywood, FL 33020

State of North Carolina North Carolina Depart  
Attn: Bankruptcy Department  
P.O. Box 1168  
Raleigh, NC 27602

Overton Funding, LLC  
633 167th Street, Suite 804N  
Miami, FL 33162

State of North Carolina North Carolina Depart  
c/o Attorney General's Office Attention  
PO Box 1168  
Raleigh, NC 27611

Paul Miller Inc  
179 Route 46  
Parsippany, NJ 07054

State of West Virginia Department of Revenue  
Attn: Bankruptcy Unit  
1001 Lee Street East  
Charleston, WV 25301

Paul Miller, Inc.  
179 Route 46  
Parsippany, NJ 07054

State of West Virginia Department of Revenue  
c/o Attorney General's Office  
State Capitol Complex, Bldg. 1, Rm E-26  
Charleston, WV 25305

Payal  
910 S Dale Ave, APT#20  
Anaheim, CA 92804

Suketu Kumar Patel  
6761 A, Village Drive South  
North Brunswick, NJ 08902

Paychecks of NY LLC  
6870 Shadow Ridge Drive, Suite 101  
Orlando, FL 32812

Triton Recovery LLC  
19790 W Dixie Hwy, Suite 301  
Miami, FL 33180

Sapna  
56Q Reading Road  
Edison, NJ 08817

U.S. Small Business Administration  
409 3rd Street, SW  
Washington, DC 20416

State Financial  
1800 Route 34, Suite 102  
Belmar, NJ 07719

U.S. Small Business Administration  
c/o U.S. Attorney's Office  
Attn: Eamonn O Hagan, Esq. 970 Broad Str  
Newark, NJ 07102

State of California Department of Revenue  
Attn: Bankruptcy Department  
3321 Power Inn Road, Suite 220  
Sacramento, CA 95826

State of California Department of Revenue  
c/o Office of the Attorney General  
P.O. Box 944255  
Sacramento, CA 94244

State of New Jersey, Division of Taxation  
Compliance and Enforcement - Bankruptcy  
3 John Fitch Way, 5th Floor, Po box 245  
Trenton, NJ 08695

State of New Jersey, Division of Taxation  
c/o New Jersey Attorney General Office A  
25 Market Street, PO Box 112  
Trenton, NJ 08625

# United States Bankruptcy Court

District of New Jersey

In re Doli Systems, Inc.

Case No. \_\_\_\_\_

Debtor

Chapter <sup>7</sup> \_\_\_\_\_

## DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

FLAT FEE

For legal services, I have agreed to accept ..... \$ 5,000.00  
Prior to the filing of this statement I have received ..... \$ 5,000.00  
Balance Due. .... \$ 0.00

RETAINER

For legal services, I have agreed to accept a retainer of ..... \$ .....  
The undersigned shall bill against the retainer at an hourly rate of ..... \$ .....  
[Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.

2. The source of the compensation paid to me was:

Debtor       Other (specify)

3. The source of compensation to be paid to me is:

Debtor       Other (specify)

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the Agreement, together with a list of the names of the people sharing the compensation is attached.

5. In return of the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

d. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Beyond meeting of creditors. Any legal proceeding, including but not limited to, adversary proceeding initiated by the Trustee or any Creditors, actions with respect to claimed exemptions and depositions.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

10/18/2024

/s/ David Stevens, 034422007

*Date*

*Signature of Attorney*

Scura Wigfield, Heyer, Stevens & Cammarota LLP

*Name of law firm*  
1599 Hamburg Turnpike  
Wayne, NJ 07470

**United States Bankruptcy Court  
District of New Jersey**

In re **Doli Systems, Inc.**

Debtor(s)

Case No.

Chapter

**7**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Doli Systems, Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

- None [Check if applicable]

**October 18, 2024**

Date

**/s/ David L. Stevens**

**David L. Stevens, Esq.**

Signature of Attorney or Litigant  
Counsel for **Doli Systems, Inc.**

**Scura, Wigfield, Heyer, Stevens & Cammarota, LLP**  
**1599 Hamburg Turnpike**  
**Wayne, NJ 07470**  
**973-696-8391**  
**ecfbkfilings@scuramealey.com**